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CONFIRMATION NO. 6895

SERIAL NUMBER 10/748,635	FILING DATE 12/30/2003  RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO.
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APPLICANTS

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*Sey*

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/436,924 12/30/2002

*Sey*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature *Sey* Initials

ADDRESS

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TITLE

Prosthetic arterial graft with test port

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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